

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

16CV5210  
JUDGE BLAKEY  
MAG. JUDGE GILBERT

Richard Taylor \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_) )  
(Name of the plaintiff or plaintiffs) )

CIVIL ACTION

v.

NO. \_\_\_\_\_

PSC Professional Security Consultants \_\_\_\_\_ )  
Hawthorn Mall \_\_\_\_\_ )  
\_\_\_\_\_) )  
(Name of the defendant or defendants) )

**RECEIVED**  
MAY 13 2016  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**COMPLAINT OF EMPLOYMENT DISCRIMINATION**

1. This is an action for employment discrimination.
2. The plaintiff is \_\_\_\_\_ Richard Taylor \_\_\_\_\_ of the county of \_\_\_\_\_ Kenosha \_\_\_\_\_ in the state of \_\_\_\_\_ Wisconsin \_\_\_\_\_.
3. The defendant is \_\_\_\_\_ Professional Security Consultants INC, whose street address is 11454 San Vicente Blvd \_\_\_\_\_ 2nd Floor , (city) \_\_\_\_\_ Los Angeles (county) Los Angeles County (state) \_\_\_\_\_ CA \_\_\_\_\_ (ZIP) \_\_\_\_\_ 90049 \_\_\_\_\_  
(Defendant's telephone number) (310) 207-7729 \_\_\_\_\_
4. The plaintiff sought employment or was employed by the defendant at (street address) \_\_\_\_\_  
\_\_\_\_\_ same as above \_\_\_\_\_  
(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP  
code) \_\_\_\_\_



5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☒ was hired and is still employed by the defendant.
- (c) ☐ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,  
(month) December, (day) 19, (year) 2015.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

(a) The defendant is not a federal governmental agency, and the plaintiff

[*check one box*] ☐ has not

           ☒ has —filed a charge or charges against the

defendant asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

(i) ☒ the United States Equal Employment Opportunity Commission, on or about  
(month) March (day) 17 (year) 2016.

(ii) ☐ the Illinois Department of Human Rights, on or about  
(month)            (day)            (year)           .

(b) If charges *were* filed with an agency indicated above, a copy of the charge is

attached. ☒ YES. ☐ NO, but plaintiff will file a copy of the charge

within 14 days.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The

- (a) ☐ Age (Age Discrimination Employment Act).
- (b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (c) ☐ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☒ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant *[check only those that apply]*
- (a) ☐ failed to hire the plaintiff.
- (b) ☐ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☐ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ —failed to stop harassment;
- (g) ☒ —retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;

plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

(a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

☒ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☐ the United States Equal Employment Opportunity Commission has not issued a  
*Notice of Right to Sue.*

(b) ☒ the United States Equal Employment Opportunity Commission has issued a

*Notice of Right to Sue*, which was received by the plaintiff on  
(month) March (day) 18 (year) 2016 a copy of which  
*Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [*check only those that apply*]:

(h) ☐ other (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The facts supporting the plaintiff's claim of discrimination are as follows:

See attachment # 13  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N/A

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff  
**[check only those that apply]**

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☐ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.

(e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.

(f) ☐ Direct the defendant to (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(g) ☐ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☐ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

X Richard Taylor

5/12/16

(Plaintiff's name)

Richard Taylor

5/12/16

(Plaintiff's street address)

5039 26<sup>th</sup> Ave PO Box 345

(City) Kenosha (State) WI (ZIP) 53140

(Plaintiff's telephone number) (262) 748-5255

Date: 5/12/16

**#73. FACTS IN SUPPORT OF CLAIM**

State here briefly and clearly as possible the essential facts of your claim. Take time to organize your statement. You may use numbered paragraphs if you find it helpful. Describe precisely how each defendant in this action is involved. Give dates and places. Concentrate on describing as clearly and simply as possible the employment practice you allege to be illegal and how it discriminated against you. It is not necessary to make legal arguments or cite any cases or statutes. In most circumstances, this only makes your claim difficult to understand. As much as possible, let the facts speak for themselves.

Around Dec 15-18, 2015, the fire alarm at Hawthorn Mall was going off throughout the mall. When the alarm went off it repeated "Fire please exit the mall." Patrons and store employees begin to ask they needed to leave the mall. I call dispatch and did not receive an answer. I then ran into a supervisor Brian who stated it's ok to tell people to exit the mall. I began telling employees and patrons to exit the mall.

After the incident, at the dispatch desk. I was then told I should not have told patrons or employees to exit the mall and the alarm system is malfunctioning. My job as a security officer is to protect and make split second desions. I feel that I act appropriately, however the mall management did not feel that way.

The fire alarm continue to malfunction the week of the December 14 through the week of Dec 21st.

After repeated insidents a protocol on how to handle the situation was set in place. It was noted not to have Patrons or employee leave the mall when the alarm sounded.

December 19, 2015, I noticed that they were training another African American Male, at that time I was the only Black male working security. I reported for my shift at 10 AM and was told that I need to be hidden from the public because it was uncertain how they were handling the situation with me instructing patrons and employees to leave the mall. I was given 3 hours to wait for a decison or return to work a shift from 6PM-2PM. I chose to return to work at 6PM.

December 23, 2015 I reported to work from 11AM-4PM . I was at work but not with the general public. That evening , I was told that Hawthorn Mall was not comfortable with my presence and I could either resign or move to another location in Skokie, IL.

When moving to Skoie, I was forced to work out doors and drive an additonal 20 miles to another location. I did not resign, and looked at that action as punishment. I accepted the alemnative location.

My employer of Professional Security Consultants was informed of the incident and by nature they want to keep the contract with Hawthorn Mall and sided with the mall. I feel that they did not do an investigation into the incident and I should not have been hidden until my employer made a decison on how to handle the incident. I feel it was unfair practice to be forced to resign or relocate.



EEOC Form 161 (11/09)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: Richard Taylor  
Po Box 345  
Kenosha, WI 53141

From: Chicago District Office  
500 West Madison St  
Suite 2000  
Chicago, IL 60661



On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2016-01948

Ana Alza,  
Investigator

(312) 869-8038

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)

*Julianne Bowman*  
Julianne Bowman,  
District Director

2/17/16  
(Date Mailed)

cc: Chief Executive Officer  
PROFESSIONAL SECURITY CONSULTANTS  
11454 San Vicente Blvd.  
2nd Floor  
Los Angeles, CA 90049

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Richard Taylor**  
**5939 26th Ave.**  
**P.O. Box 345**  
**Kenosha, WI 53141**

From: **Chicago District Office**  
**500 West Madison St**  
**Suite 2000**  
**Chicago, IL 60661**



On behalf of person(s) aggrieved whose identity is  
 CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2016-02920

**Sherice Galloway,**  
**Investigator**

(312) 869-8132

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



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On behalf of the Commission

*Julianne Bowman*

**Julianne Bowman,**  
**District Director**

*3/18/16*


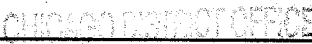
(Date Mailed)

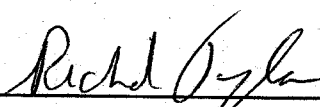
Enclosures(s)

cc:

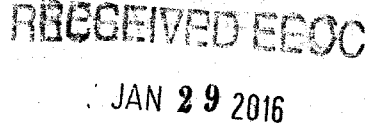
**Chief Executive Officer**  
**HAWTHORNE MALL**  
**122 Hawthorne Center**  
**Vernon Hills, IL 60061**

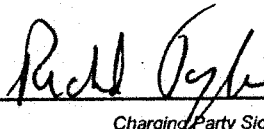
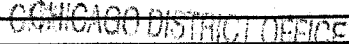
EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To:      Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="text-align: right;"> <b>440-2016-02920</b> </div> </div>	
<b>Illinois Department of Human Rights</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Richard Taylor</b>		Home Phone (Incl. Area Code) <b>(262) 748-5255</b>	Date of Birth <b>06-23-1956</b>
Street Address      City, State and ZIP Code <b>5939 26th Ave., P.O. Box 345, Kenosha, WI 53141</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>HAWTHORNE MALL</b>		No. Employees, Members <b>500 +</b>	Phone No. (Include Area Code) <b>(847) 362-2600</b>
Street Address      City, State and ZIP Code <b>122 Hawthorne Center, Vernon Hills, IL 60061</b>			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address      City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <div style="text-align: right; font-weight: bold;">12-24-2015</div> <div style="margin-top: 10px;"><input type="checkbox"/> CONTINUING ACTION</div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  <div style="padding: 10px;"> <p>I began working as a Security Officer at Respondent in or around May 2015. In December 2015, I was accused of poor performance, suspended and permanently removed from the work site.</p> <p>I believe I was discriminated against because of race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.</p> </div> <div style="text-align: center; margin-top: 20px;">   <b>MAR 04 2016</b>   </div>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
<div style="display: flex; justify-content: space-between;"> <div> <b>Mar 04, 2016</b>  <small>Date</small> </div> <div>   <small>Charging Party Signature</small> </div> </div>		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <small>(month, day, year)</small>	

\* EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="text-align: right;"> <b>440-2016-01948</b> </div> </div>	
<b>Illinois Department Of Human Rights</b> and EEOC State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.) <b>Mr. Richard Taylor</b>		Home Phone (Incl. Area Code) <b>(262) 748-3255</b>	Date of Birth <b>06-23-1956</b>
Street Address City, State and ZIP Code <b>Po Box 345, Kenosha, WI 53141</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>PROFESSIONAL SECURITY CONSULTANTS</b>		No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>(847) 362-2600</b>
Street Address City, State and ZIP Code <b>122 Hawthorn Center, Vernon Hills, IL 60061</b>			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <div style="text-align: right; font-weight: bold;">12-23-2015</div> <div style="margin-top: 10px;"><input type="checkbox"/> CONTINUING ACTION</div>
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  <p>I began my employment with Respondent in or around May 2015. My most recent position was Security Officer. During my employment, I was subjected to different terms and conditions of employment, including, but not limited to, limited assistance from dispatchers. Subsequently, in or around December 2015, I was disciplined and subjected to a reduction in work hours.</p> <p>I believe I have been discriminated against because of my race, Black, in violation of Title VII of the Civil Rights Act of 1964, as amended.</p> <div style="text-align: right; margin-top: 20px;">  </div>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <b>Jan 29, 2016</b>          Date       </div> <div style="text-align: center;">           Charging Party Signature       </div> </div>		<div style="text-align: center; margin-top: 20px;">  </div>	



03/12/14

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

Richard Taylor  
Plaintiff

v.

Professional Security Con INC & Hawthorn Mall  
Defendant(s)

Case Number: \_\_\_\_\_

Judge: \_\_\_\_\_

**Instructions:** Please answer every question. Do not leave any blanks. If the answer is "none" or "not applicable (N/A)," write that response. Wherever a box is included, place a ✓ in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers.

**Application:** I, Richard Taylor, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant ☐ (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? ☐ Yes ☒ No  
(If "No," go to Question 2)
- I.D. #: \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_
- Do you receive any payment from the institution? ☐ Yes ☐ No
- Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☒ Yes ☐ No
- a. If the answer is "yes," state your:
- Monthly salary or wages: \$1200.00 Professional Security Con INC & Per Mar Security
- Name and address of employer: 11454 San Vincente Blvd LA, CA 90049 & 2323 S10  
9 #175 West Allis, WI 53227
- b. If the answer is "no," state your:
- Beginning and ending dates of last employment: \_\_\_\_\_
- Last monthly salary or wages: \_\_\_\_\_
- Name and address of last employer: \_\_\_\_\_

3. Are you married? ☐ Yes ☒ No  
 If the answer is "yes," is your spouse currently employed? ☐ Yes ☐ No  
 Spouse's *monthly* salary or wages: \_\_\_\_\_  
 Name and address of spouse's employer: \_\_\_\_\_  
 \_\_\_\_\_
4. In addition to your income stated above in response to Question 2 (which you should not repeat here), *have you or anyone else living at the same residence* received more than \$200 in the past twelve months from any of the following sources? Mark a ✓ next to "Yes" or "No" in each of the categories a. through g, check all boxes that apply in each category, and fill in the twelve-month total in each category.
- a. ☐ Salary or ☐ wages ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- c. ☐ Rental income, ☐ interest or ☐ dividends ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- f. ☐ Unemployment, ☐ welfare or ☐ any other public assistance ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
- g. ☐ Any other sources (describe source: \_\_\_\_\_) ☐ Yes ☒ No  
 Total received in the last 12 months: \_\_\_\_\_  
 Received by: \_\_\_\_\_
5. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No  
 Total amount: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
 Property: \_\_\_\_\_ Current value: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
7. Do you or anyone else living at the same residence own any real estate (with or without a mortgage)? Real estate includes, among other things, a house, apartment, condominium, cooperative, two-flat, etc. ☐ Yes ☒ No  
 Type of property and address: \_\_\_\_\_  
 Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Amount of monthly mortgage or loan payments: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_
8. Do you or anyone else living at the same residence own any automobiles with a current market value of more than \$1000? ☐ Yes ☒ No  
 Year, make and model: \_\_\_\_\_  
 Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the automobile is worth and the amount you owe on it.)  
 Amount of monthly loan payments: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_
9. Do you or anyone else living at the same residence own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
 Property: \_\_\_\_\_  
 Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
 Amount of monthly loan payments: \_\_\_\_\_  
 In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Name of person making payments: \_\_\_\_\_
10. List the persons *who live with you* who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. If none, check here: ☒ None.  
 \_\_\_\_\_  
 \_\_\_\_\_
11. List the persons *who do not live with you* who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. If none, check here: ☒ None.  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 5/12/16

Richard Taylor  
Signature of Applicant  
Richard Taylor  
(Print Name)

**NOTICE TO PRISONERS:** In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
**(Incarcerated applicants only)**  
**(To be completed by the institution of incarceration)**

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_. (Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
(Print Name)